PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

United States SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549	
NOTICE OF SALE OF SECURITIES	

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	SEC USE ONLY	Y
Prefix		Serial
	DATE RECEIVE	D
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)RM LIMITED OFFERING EXEMPTION The in this is an amendment and name has changed, and indicate change.)

Dimited Diability Company Membership	Thichesis		#\O';
Filing Under (Check box(es) that apply): □	Rule 504 □ Rule 505 🗵 Rule 506 □ Sec		IVED CONTRACT
Type of Filing: X New Filing Amendr	me <u>nt</u>		
	A. BASIC IDENTIFICATION DA	ATA & AAR TI	3 710% B
1. Enter the information requested about	the issuer		
Name of Issuer (check if this is an amen	dment and name has changed, and indicate ch		N. S.
Haines Opportunity Portfolio II, LLC	<u> </u>	18	5/8/
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Ar	ea Code)
600 University Park Place, Suite 501 Bir	mingham, Alabama 35209	(205) 871-3334	<u>/</u>
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Ar	ea Code)
(if different from Executive Offices)]	,
N/A		N/A	
Brief Description of Business			
The Company is a private investment for	und.		
Type of Business Organization			
□ corporation □	limited partnership, already formed	other (please specify) <u>Company</u>	: <u>Limited Liability</u>
□ business trust □	limited partnership, to be formed		
	Month Year		1 (1 25 2
Actual or Estimated Date of Incorporation	or Organization: October, 2004	☑ Actual ☐ Estimated	
Jurisdiction of Incorporation or Organization	on: (Enter two-letter U.S. Postal Service abbr	eviation for State: <u>DE</u>	511111
	CN for Canada; FN for other for	eign jurisdiction)	1000
GENERAL INSTRUCTIONS			

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☑ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒ General and/or Managing Partner
Full Name (Last name first, if individual)
Charles D. Haines, LLC
Business or Residence Address (Number and Street, City, State, Zip Code)
600 University Park Place, Suite 501, Birmingham, Alabama 35209
Check Box(es) that Apply: ☑ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Haines, Charles D. , Jr.
Business or Residence Address (Number and Street, City, State, Zip Code)
600 University Park Place, Suite 501, Birmingham, Alabama 35209
Check Box(es) that Apply: ☑ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Cox, John B.
Business or Residence Address (Number and Street, City, State, Zip Code)
600 University Park Place, Suite 501, Birmingham, Alabama 35209
Check Box(es) that Apply: 🖾 Promoter 🗆 Beneficial Owner 🗅 Executive Officer 🗀 Director 🗀 General and/or Managing Partner
Full Name (Last name first, if individual)
Lutomski, Don
Business or Residence Address (Number and Street, City, State, Zip Code)
600 University Park Place, Suite 501, Birmingham, Alabama 35209
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

						B. INFOR	MATION	ABOUT (OFFERIN	G .				
									•				Y	es No
1. I	las the	issuer so	ld, or do	es the issu	er intend to	sell, to no	n-accredit	ed investor	s in this of	fering?		••••••		
					Answer	also in Ap	pendix, Co	olumn 2, if	filing unde	r ULOE.				
2.	What is	the mini	mum inv	estment th	at will be	accepted fr	om any inc	lividual?					s	100,000
3. 1	Does the	e offering	g permit	joint owne	rship of a	single unit	?					**************	C	X 🗆
													sion or simil	
remui	neration	for solic	citation o	f purchase	rs in conn	ection with	sales of se	curities in	the offering	g. If a pers	on to be lis	sted is an as	ssociated per han five (5)	son or
										n for that b			nan nve (3)	persons
Full 1	Name (L	ast name	e first, if	individual)									
N/A														
Busin	ess or R	Residence	e Addres	s (Number	and Stree	t, City, Sta	te, Zip Coc	le)						
N/A														
Name	of Ass	ociated E	Broker or	Dealer										
N/A														
					ited Purch	asers								
(Chec	k "All S [A]		r check i: [AZ]	ndividual i [AR]	States) . [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	□Ai [ID]	States
[IL]	[IN	_	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	-	•	[NV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[S	C]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full 1	Vame (L	ast name	e first, if	individual)									
N/A														
Busir	ess or F	Residence	e Addres	s (Number	and Stree	t, City, Sta	te, Zip Coo	le)						
N/A														
Name	of Ass	ociated I	Broker or	· Dealer										
N/A														
States					ited Purch								🗆 A	11 States
[AL]	(C [A		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	ii States
[IL]	[I]		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	_	-	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	•
[RI]	[Se	C]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full 1	Name (L	ast name	e first, if	individual)								·	
N/A														
Busir	ness or F	Residenc	e Addres	s (Numbe	r and Stree	t, City, Sta	te, Zip Coo	ie)						
N/A		,,,,												
Name	e of Ass	ociated I	Broker o	r Dealer										
N/A														
State					ited Purch individual	asers States)		.,					🗆 A	ll States
[AL]	•		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[1]	_	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	_	_	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[S	C]	[SD]	[TN]	[XX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Agg	gregate Offering Price	Ar	nount Already Sold
	Debt	\$	0	\$	0
	Equity (Limited Liability Company Membership Interests)	\$	15,000,000	\$	8,642,000
	□ Common □ Preferred				
	Convertible Securities	s	0	s	0
	Partnership Interests	· s	0		0
	Other (Specify:)	° -	0		0
	Total	· °	15,000,000	\$ \$	
	Answer also in Appendix Column 3, if filing under ULOE.	ъ <u>_</u>	15,000,000	⊸	0,042,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors		ollar Amount of Purchases
	Accredited Investors		17	\$	8,642,000
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Offering		Type of Security	Doli	lar Amount Solo
	Rule 505		Security	\$	
	Regulation A			φ	
	Rule 504			φ	
	Total			ъ	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			Ф <u>.</u>	
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs	•••		\$	0
	Legal Fees		X	\$	10,000
	Accounting Fees (Audit)			\$	0
	Engineering Fees	•••		\$	0
	Sales Commissions (specify finders' fees separately)	•••		\$	0
	Other Expenses (identify registration fee, listing fee and miscellaneous)	•••		\$	0
	Total		X	\$	10,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES ANI) US	E OF	PROCEED	S		,
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."				\$_	14	<u>,990,000</u>
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.						
		Of Dire	ments to ficers, ctors, & filiates			nents to hers
Salaries and fees	X	\$	149,900 ¹		\$	(
Purchase of real estate		\$	0		\$	
Purchase, rental or leasing and installation of machinery and equipment		\$	0		\$	(
Construction or leasing of plant buildings and facilities		\$	0		\$	
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$	0		\$	(
Repayment of indebtedness		\$			\$	
Working capital		\$	0			
Other (specify): Investment Purposes		\$	0	X	\$	14,840,100
		\$	0		\$	(
Column Totals	X	\$	149,900	X	s	14,840,100

Column Totals.....

Total Payments Listed (column totals added).....

区 \$ 14,990,000

The Fund Manager is paid a management fee based on the net asset value of the Fund. This amount represents an estimate of the management fee payable to the Fund Manager for the first year of operation of the Fund assuming a full subscription of the offering.

D	FFD	FP/	١Т.	SIGN	ATURE	

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
Haines Opportunity Portfolio II, LLC	John B. Ox	January 2 , 2005
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
John B. Cox	Authorized Person	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	= = -:- =		
	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes . \square	No 🗷
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice CFR 239.500) at such times as required by state law.	e on Form I) (17
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by offerees.	the issuer	to
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of has the burden of establishing that these conditions have been satisfied.		
	ne issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf ally authorized person.	by the und	ersigned
	suer (Print or Type aines Opportunity Portfolio II, LLC Januar	y 2 , 2005	į

Instruction

John B. Cox

Name of Signer (Print or Type)

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Title of Signer (Print or Type)
Authorized Person